

FILED JAN 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 43740
11083

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis Mo				c. CITY (If outside corporate limits, write RURAL and give township) 48 OR TOWN Richmond Heights 1			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes Hospital				d. STREET ADDRESS (If rural, give location) 2307 Big Bend			
3. NAME OF DECEASED (Type or Print)		a. (First) William		b. (Middle) Fred		c. (Last) Juergens	
4. DATE OF DEATH		a. (Month) December		b. (Day) 24		c. (Year) 1950	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH March 29 1873		9. AGE (In years last birthday) 77	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Y.M.C.A.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Germany 4		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Rickie		14. NAME OF HUSBAND OR WIFE Late Laura Juergens			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns)		16. SOCIAL SECURITY NO. 488-09-1397		17. INFORMANT'S SIGNATURE OR NAME Carl Juergens		ADDRESS 2307 Big Bend Kirkwood Mo	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastric ulcer ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION 12-24-50		19b. MAJOR FINDINGS OF OPERATION gastric ulcer - perforation				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 5740.1					
22. I hereby certify that I attended the deceased from Oct 1938, to Dec 24, 1950, that I last saw the deceased alive on Dec 24, 1950, and that death occurred at 8 A.M., from the causes and on the date stated above.							
23a. SIGNATURE Donald Becker (Degree or title) M.D.				23b. ADDRESS 3720 Washington		23c. DATE SIGNED 12-26-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE December 27 1950		24c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co Mo	
DATE REC'D BY LOCAL REG. DEC 26 1950		REGISTRAR'S SIGNATURE J. B. Lunter		25. FUNERAL DIRECTOR'S SIGNATURE Calvin F. Funtz		ADDRESS 4828 Nat Bridge Blvd	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

10
v to 4 pm

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Signed Leonard J. Allen Davis

Signed _____
Student Embalmer

Licensed Embalmer No. 4053

P. O. Address 4106 Manchester

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.